



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200001

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **AMERICAN LEGION STONEHAM POST #115**

DOING BUSINESS A

ADDRESS **11 COMMON**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **Lombard, Henry**

TYPE OF LICENSE: **Veterans club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**THREE FLOORS BOTTOM FLOOR CANTEEN AREA, ONE ROOM. SECOND FLR; TV ROOM
PLUS KITCHEN; THIRD FLOOR-ONE ROOM (LARGE HALL)**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200005

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MOON GLOW RESTAURANT, INC.**

DOING BUSINESS AS **CHINA MOON REST.**

ADDRESS **170 MAIN ST.**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **TSE, BARRY K**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO DINING ROOMS, A KITCHEN AND A WAITING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200007

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GAETANO INC**

DOING BUSINESS AS **GAETANO'S**

ADDRESS **271 MAIN ST.**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **APRILE, EDWARD** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

E.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR, THREE LEVELS; TOP LEVEL-KITCHEN,LAVATORIES MID LEVEL
ENTRYWAY,DINING AREA;LOWER LEVEL; GREENHOUSE DINING ROOM, OUTDOOR
PATIO; BASEMENT-STORAGE AND OFFICE**

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Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200008

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **B.P.O.E. LODGE 2211 STONEHAM**

DOING BUSINESS A

ADDRESS **471 MAIN ST.**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **WARD, MICHAEL** TYPE OF LICENSE: **Club**
JOHN

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT AREA CONSISTING OF CLUB ROOM AND MAIN FUNCTION HALL ON THE FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200009

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MARTY'S CATERERS, INC**

DOING BUSINESS A **MONTVALE PLAZA**

ADDRESS **54 MONTVALE AVE**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **MURPHY,
MARTIN JR**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS. FIRST FLOOR HAS TWO FUNCTION ROOMS, NO CELLAR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200010

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BEAR HILL GOLF CLUB, INC**

DOING BUSINESS AS

ADDRESS **5 NORTH STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **JOHNSTON,
ROBERT T.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**5 NORTH STREET-GROUND FLOOR CONSISTING OF BAR, LOUNGE AND CARD ROOM;
SECOND FLOOR: MAIN FUNCTION ROOM AND DINING ROOM; ALSO PORCH AND
TERRACES ABUTTING THE CLUBHOUSE; TOTALLING APPROX. 10,365 SQ.FT.**

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200011

CITY OR TOWN STONEHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARCONI CLUB OF STONEHAM MA., INC., THE
DOING BUSINESS A

ADDRESS 47 PINE

CITY/TOWN: STONEHAM

STATE: MA

ZIP CODE: 02180

MANAGER: MINGHELLA,
RICHARD P.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT AREA CONSISTING OF GRILL ROOM AND FIRST FLOOR MAIN HALL
CONSISTING OF APPROX 2555 SQ FT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200013

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RCM GROUP, INC.**

DOING BUSINESS AS **J.J. GRIMSBY & CO.**

ADDRESS **301 WEST WYOMING AVE**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **MCAREE,
ROBERT J.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FRONT DOOR AND STREET ACCESS ON WEST WYOMING AVE. SIDE DOOR AND STREET
ACCESS IS ON LYNN FIELDS PARKWAY**

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200014

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **IMPROVED ORDER OF REDMEN WAMSCOTT TRIBE# 39**

DOING BUSINESS A

ADDRESS **11 FRANKLIN ST**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **HUDSON, ROBERT** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL..BAR AREA AND MEETING AREA

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200016

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GANGLANI CORPORATION**

DOING BUSINESS AS **REDSTONE LIQUORS**

ADDRESS **109 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **GANGLANI,
KAMAL**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**REDSTONE SHOPPING CENTER, 2600 SQ.FT. BRICK BLDG., W/ENTRY IN FRONT AND
DELIVERY DOOR AND ENTRY DOOR IN REAR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200017

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CERRETANI LIQUORS, INC.**

DOING BUSINESS AS **RAPID LIQUORS**

ADDRESS **171 MAIN ST**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **SHAHIAN,
DOUGLAS P.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY CINDER BLOCK AND STUCCO FRONT, CONSISTING OF TWO ROOMS FOR
MERCHANDISING AND REAR FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200019

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SAVAS BROTHERS CENTER BEVERAGES CO,INC.**

DOING BUSINESS A

ADDRESS **425 MAIN ST**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **SAVAS, CHARLES J.** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE SINGLE STORY CONCRETE BLOCK BLDG,FRONT ENTRANCE, REAR ENTRANCE ON HILL COURT. ONE ROOM FRONT FOR SELLING AREA,INCLUDING COOLING CHEST,ONE ROOM REAR FOR STORAGE AREA INCLUDING OFFICE AND RESTROOMS NO CELLAR

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200021

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FELICIA'S, INC.**

DOING BUSINESS AS **FELICIA'S**

ADDRESS **423 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **PUORRO, PAUL A.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

423 MAIN STREET: PREMISES SHALL BE PRIMARILY A RESTAURANT WITH A BAR. THE FRONT ENTRANCE ON MAIN STREET SHALL CONSIST OF TWO DOORS LEADING INTO THE RESTAURANT AND BAR. THERE WILL BE AN ENTRANCE/EXIT AT THE REAR OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200023

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **99 RESTAURANTS OF BOSTON, LLC**

DOING BUSINESS AS

ADDRESS **10 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **TERPKO, BRIGID** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY STRUCURE CONTAINING 149 SEATS. APPROX. 5000SF. 3 DINING ROOMS, LOUNGE, KITCHEN, THREE BATHROOMS MEN, WOMEN, AND EMPLOYEE. ONE MAIN ENTRENCE ON MAIN ST. 2 EMERGENCY EXITS ONE ON LEFT AND THE OTHER TO REAR OF BUILD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200024

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ANGELO'S PIZZERIA AND RISTORANTE, INC.**

DOING BUSINESS AS

ADDRESS **239 MAIN ST**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **CARUSO,
SALVATORE**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY BUILDING COMPRISED OF A PIZZERIA AND RESTAURANT AREA, KITCHEN,
SERVICE BAR, AND TWO RESTROOMS..60 SEAT CAPACITY...**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200026

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **STONEHAM THEATRE CORPORATION**

DOING BUSINESS AS **STONEHAM THEATRE**

ADDRESS **393 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **WHITE-SPUNNER, JON** TYPE OF LICENSE: **General on premise**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING COMPRISED OF A LOBBY, CONCESSION AREA, OFFICE, RESTROOMS, THEATRE SEATING AND A STAGE AREA. SECOND FLOOR OFFICE SPACE, RESTROOMS AND BALCONY SEATING. LICENSED AREA FIRST AND SECOND FLOOR AREAS. 365 SEATS. MAIN ENTRANCE AND FOUR OTHERS ON GROUND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200027

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KROMEL'S LLC**

DOING BUSINESS AS **MELISSA'S MAIN STREET BISTRO**

ADDRESS **407 MAIN ST**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **PATALANO,
MELISSA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR AND FRONT HALF OF SECOND FLOOR OF BUILDING ENTRANCE AND EXIT
ARE ON MAIN ST. OUTSIDE DECK CONTAINING FIFTEEN SEATS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200028

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LONG RUN, INC.**

DOING BUSINESS AS **SATO II RESTAURANT**

ADDRESS **147 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **TRAN, DOUGLAS** TYPE OF LICENSE: **Restaurant**
MINHTAN

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1700 SQ FT BUILDING WITH A KITCHEN IN A SEPARATE ROOM, ON MEN'S ROOM, ONE WOMEN'S RESTROOM AND A DINING ROOM. MAIN ENTRANCE ON MAIN STREET AND TWO OTHER EXITS TO THE PARKING LOT BEHIND THE RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200029

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JAGAT ENTERPRISE, INC**

DOING BUSINESS AS **RANG INDIAN BISTRO**

ADDRESS **5 CENTRAL SQ.**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **SINGH, PARAMJIT** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET LEVEL, CENTRAL STREET SIDE OF BUILDING ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200030

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **R & W DiNUNZIO CORPORATION**

DOING BUSINESS AS **TASTE OF SIAM**

ADDRESS **497 & 499 Main St**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **DiNUNZIO, RALPH** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

Kitchen facilities, restrooms, dining area and bar area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200031

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ASIANA GRILL HOUSE, INC.**

DOING BUSINESS AS **U ME RESTAURANT**

ADDRESS **19 FRANKLIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **IM, MEE YOUNG**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL APPROX.3000 SQ. FT. BUILDING, ENTRANCE AND EXIT ON FRANKLIN STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200033

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LIQUID INVESTMENTS,INC.**

DOING BUSINESS AS **BACCI'S RESTAURANT**

ADDRESS **316-320 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **BACCI,GILBERTO** TYPE OF LICENSE:**Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT SPACE WITH A DINING ROOM IN THE FRONT,KITCHEN IN THE REAR,AND RESTROOMS FOR PUBLIC.ONE MAIN ENTRANCE IN DINING ROOM,TWO REAR ENTRIES IN KITCHEN FOR EMERGENCY EGRESS AND DELIVERY,ONE EMERGENCY EXIT IN THE REAR BY THE BATHROOMS,STORAGE IN THE BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200036

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RWJ BEVERAGE (MA) LLC**

DOING BUSINESS AS **RWJ BEVERAGE**

ADDRESS **85 CEDAR ST**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **REARDON,
MICHAEL**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

retail package store with one public entrance and an emergency exit serving a single room of approx. 2626 sq. ft.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200037

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **S & A VENTURES INC.**

DOING BUSINESS AS **ALDO'S CAFÉ**

ADDRESS **125 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **GRECO, SHARON** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RESTAURANT SPACE...APPROX. 2375 SQ FT...SEATING FOR 64...TWO FRONT ENTRANCES FROM THE DINING ROOM AND BAR AREA, AND TWO REAR ENTRANCES, ONE FROM THE KITCHEN AND ONE FROM THE STORAGE/OFFICE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200038

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ZHENG RESTAURANT, INC.**

DOING BUSINESS AS **TULIP ASIAN CUISINE**

ADDRESS **119 MAIN STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **XIN BI LIU**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES CONTAINING APPROX. 8,196 SQ FT, WITH SEPARATED KITCHEN, DINING ROOMS, SUSHI BAR, LOUNGE BAR AND STORAGE ROOM, ONE ENTRANCE AND THREE EXITS. OUTDOOR PATIO OF APPROX 500 SF WITH A TOTAL OF 218 SEATS PATIO SURROUNDED BY FENCE AND BOLLARDS WITH GATED EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124200039

CITY OR TOWN **STONEHAM**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ROCY CITY LIQUOR, INC.**

DOING BUSINESS AS **MCDONOUGH'S LIQUOR**

ADDRESS **9 CENTRAL STREET**

CITY/TOWN: **STONEHAM**

STATE: **MA**

ZIP CODE: **02180**

MANAGER: **KHAN, TARIQ**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**1ST FLOOR RETAIL SELLING AREA, STORAGE. 2ND FLOOR MECHANICAL ROOM.
BASEMENT FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)